


UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer St. Joseph Medical Center	b. Tel. No. 253-426-4101
	c. Cell No.
	f. Fax No. 253-426-6491
d. Address (Street, city, state, and ZIP code) 1717 South J Street Tacoma, Washington 98405-2197	e. Employer Representative Sharon Royne
	g. e-mail
	h. Number of workers employed Approximately 1185 nurses
i. Type of Establishment (factory, mine, wholesaler, etc.) Hospital	j. Identify principal product or service Health care services
The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) During the six months preceding the filing of this charge, the above-named Employer has interfered with, restrained and coerced the nurses it employs in the exercise of their rights guaranteed under Section 7 of the National Labor Relations Act, and has refused to bargain in good faith with the Washington State Nurses Association, the exclusive collective bargaining representative of the nurses it employs, by threatening employees with retaliation for the filing of a grievance, and by unilaterally implementing changes in terms and conditions of employment without affording WSNA prior notice and an opportunity to bargain.	
3. Full name of party filing charge (if labor organization, give full name, including local name and number) Washington State Nurses Association	
4a. Address (Street and number, city, state, and ZIP code) 575 Andover Park West, Suite 101 Seattle, Washington 98188	4b. Tel. No. 206-575-7979
	4c. Cell No.
	4d. Fax No. 206-575-1908
	4e. e-mail
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) American Federation of Teachers	
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	
 (signature of representative or person making charge)	Timothy Sears, General Counsel (Printtype name and title or office, if any)
575 Andover Park West, Suite 101 Address Seattle, Washington 98188	Tel. No. 206-575-7979
	Office, if any, Cell No.
	Fax No. 206-575-1908
	e-mail tsears@wsna.org
	Date 06/13/2019

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.